



The Commonwealth of Massachusetts

Department of State Police

APPLICATION FOR APPOINTMENT AS A SPECIAL STATE POLICE OFFICER

THIS APPLICATION IS IN ACCORDANCE WITH THE PROVISIONS OF MGL C.22 SS _____. EVERY APPLICANT MUST BE A CITIZEN OF THE UNITED STATES. YOU MUST ANSWER EACH QUESTION ON BOTH SIDES OF THIS APPLICATION OR THE ENTIRE PACKAGE WILL BE RETURNED TO THE REQUESTING AGENCY. TWO FINGERPRINT CARDS MUST ACCOMPANY EACH APPLICATION.

EMPLOYEE INFORMATION: (PLEASE PRINT OR TYPE)

1. NAME _____
(FIRST, MIDDLE, LAST)
2. HOME ADDRESS _____
(STREET & NUMBER) (CITY, STATE) (ZIP CODE)
3. DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____
4. HOME PHONE NUMBER(_____) _____
5. SOCIAL SECURITY NUMBER _____ ARE YOU A CITIZEN _____
6. IF NATURALIZED, CERTIFICATE NUMBER _____
7. FATHERS FULL NAME _____
8. MOTHERS FULL NAME & MAIDEN NAME _____
9. HAVE YOU EVER APPLIED FOR SPECIAL POLICE POWERS? _____
IF YES, WHERE _____ WHEN _____ Lic# _____
EXPIRATION DATE _____ IF REJECTED, WHY _____
10. HAVE YOU EVER RESIDED IN ANOTHER STATE? IF YES LIST: _____
11. HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes ____ No ____ IF SO, PLEASE ENUMERATE IN SPACE PROVIDED BELOW:

DATE	WHERE & IN WHAT COURT	RESULT OF ACTION

I HEREBY DECLARE THAT THE STATEMENTS AND ANSWERS HEREIN CONTAINED ARE TRUE. I UNDERSTAND THAT ANY FALSE STATEMENT IS REASON FOR REJECTION.

SIGNATURE

PRINT NAME

DATE

(APPLICANT WILL NOT WRITE BELOW THIS LINE)

TO BE COMPLETED BY INVESTIGATOR RECOMMENDING LICENSE

1. HAS THIS APPLICANT SUCCESSFULLY PASSED A BACKGROUND INVESTIGATION? YES ____ NO ____

INVESTIGATOR: _____ DATE: _____ RECOMMENDATION: YES ____ NO ____

COMMENTS: _____

COMMANDER: _____ APPROVED/DENIED

Pursuant to Massachusetts General Law, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief, I have complied with all laws of the Commonwealth relating to taxes.

Signature of Applicant

Employer Information:

In accordance with the applicable provisions of Massachusetts General Law, we request the

appointment of
As a Special State Police Officer.

In consideration of the Appointment of
an employee of _____ as a special state police officer

by the Colonel of the Department of State Police, The Employer hereby agrees to indemnify and hold harmless the Colonel and/or the Department of State Police against any and all damages and liability resulting from or in consequence of the negligent or wrongful act or omission of the above named special state police officer while acting within the scope of his/her office, employment or commission.

Agency: _____ Phone number:

Signature and Title of Agent responsible for requesting Special State Police Officer appointments at Agency Date

Each applicant must be forwarded by the requesting agency.

Along with this application, Agency must submit training academy certificates and fingerprint cards as required by MGL Chapter 22c Sections 51-69 and CMR 5.05.

Each question must be answered in full on both sides of this application or the entire package will be returned to requesting agency.